

Arizona Department of Public Safety  
Concealed Weapon Permit Unit  
P.O. Box 6488  
Phoenix, AZ 85005  
(602) 256-6280 or 1-800-256-6280



**CHECK ALL THAT APPLY**

☐ Lost      ☐ Stolen      ☐ Change of Name

Please complete all applicable parts of this form. For Lost, Stolen, or Change of Name, a **\$10.00** fee is required in the form of a cashier's check, certified check or money order made payable to the Arizona Department of Public Safety.

**PERSONAL CHECKS AND CASH ARE NOT ACCEPTED.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month Day Year

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permit #: \_\_\_\_\_

\_\_\_\_\_ This is to notify the Arizona Department of Public Safety in writing that my permit has been lost or stolen, and a replacement permit is requested. I understand I may not carry a concealed weapon without a valid permit in my possession.

\_\_\_\_\_ This is to notify the Arizona Department of Public Safety of a change of name by marriage or other legal means. **Along with my concealed weapon permit, is a copy of my marriage license or official document from the court to legally change my name is enclosed.** I understand I may not carry a concealed weapon until I receive a replacement permit.

Residence Address: \_\_\_\_\_  
Street Name & Number Apt/Lot #

\_\_\_\_\_  
City/Town Zip Code

Mailing Address: \_\_\_\_\_  
Street Name & Number Apt/Lot #

\_\_\_\_\_  
City/Town Zip Code

Home Phone: (      ) \_\_\_\_\_

Business Phone: (      ) \_\_\_\_\_

Please return the completed form to the address listed above **within 10 calendar days.**

\_\_\_\_\_  
Signature

Revised 2/1/2003